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BQC-95-067

To: Home Health Agencies HHA 25

From: Judy Fryback, Director
Bureau of Quality Compliance

Requirements for Discharges from Agencies

With the implementation of the Medicaid Reimbursement Home Care Cap on January 1, 1996, the Bureau of Quality Compliance has received a number of questions regarding discharges from home health agencies.

In Chapter HSS 133, Wisconsin Administrative Code, Home Health Agency Rules, the following requirements apply: "HSS 133.09(3) DISCHARGE OF PATIENTS. A patient shall be discharged from services of the home health agency upon the patient's request or upon the physician's decision, and may be discharged for non-payment of fees except that a county or city agency, as provided in s. 141.10, Stats., may not deny a patient necessary services because of the patient's inability to pay for them. The agency shall recommend discharge to the physician and patient if the patient does not require its services or requires services beyond the agency's capability." **The portion of this rule that applies when the Cap is involved is "may be discharged for non-payment of fees."**

When the Prior Authorization is returned and the cost of care exceeds the Cap and there is no exemption, there are two considerations that must be determined by the agency and patient:
(1) Can the amount or level of care be reduced to lower the charges below the Cap? (2) Does the patient choose to pay for the additional services required above the Cap? If those two are not possible, then the agency may discharge the patient.

The agency needs to involve the patient in planning for the discharge and to assist them in finding alternative services prior to the discharge. "HSS 133.11 REFERRALS. When patients have needs which the home health agency cannot meet, the home health agency shall refer these patients to other agencies, social service organizations, or governmental units which are appropriate for unmet needs of the patients and which may be of assistance in meeting those needs. Referrals shall include referrals to meet the needs of patients for services at times before and after the normal business hours of the home health agency. "

The Bureau has also received a number of questions from providers and patients regarding the discharging of patients receiving Personal Care Worker (PCW) services when the agency no longer wishes to provide PCW services that are reimbursed under Medicaid. When an agency decides to drop their Medicaid certification for PCW services, they must notify the Bureau of Health Care Financing thirty days in advance. An agency can then discharge a patient who is receiving PCW services that are funded by Medicaid effective the date the certification ends.

The agency must notify the patients of the discharge date and involve them in planning for the discharge and to assist them in finding alternative services.

Any questions regarding the content of this memo should be directed to Dick Cooperrider, Supervisor, Community Based Providers at this address or to (608) 267-7389.

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